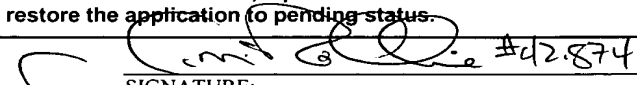


|  |   |   |
|--|---|---|
| <b>TRANSMITTAL LETTER TO THE UNITED STATES<br/>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br/>CONCERNING A SUBMISSION UNDER 35 U.S.C. 371</b>  |   | ATTORNEY'S DOCKET NUMBER<br>4614-0160PUS1<br>U.S. APPLICATION NO. (If known, see 37 CFR 1.5)<br><div style="font-size: 1.5em; font-weight: bold;">10/517450</div> |
| INTERNATIONAL APPLICATION NO.<br>PCT/JP2003/006682   | INTERNATIONAL FILING DATE<br>25 June 2003 | PRIORITY DATE CLAIMED<br>27 June 2002   |
| TITLE OF INVENTION    USE OF AN INTERLEUKIN 1 RECEPTOR ANTAGONIST AND/OR<br>PYRROLIDINEDITHIOCARBAMATE FOR THE TREATMENT OR PROPHYLAXIS OF TYPE<br>2 DIABETES                                  |   |   |
| APPLICANT(S) FOR DO/EO/US    Marc DONATH   |   |   |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:  |   |   |
| 1. <input checked="" type="checkbox"/> This is a <b>FIRST</b> submission of items concerning a submission under 35 U.S.C. 371.   |   |   |
| 2. <input type="checkbox"/> This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a submission under 35 U.S.C. 371.  |   |   |
| 3. <input type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371 (f)). The submission must include items (5), (6), (9) and (21) indicated below. |   |   |
| 4. <input checked="" type="checkbox"/> The US has been elected (Article 31).   |   |   |
| 5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371 (c)(2))   |   |   |
| a. <input checked="" type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau).   |   |   |
| b. <input type="checkbox"/> has been communicated by the International Bureau.   |   |   |
| c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US).   |   |   |
| 6. <input type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371 (c)(2)).  |   |   |
| a. <input type="checkbox"/> is attached hereto.  |   |   |
| b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4).   |   |   |
| 7. <input checked="" type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371 (c)(3))   |   |   |
| a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau).   |   |   |
| b. <input type="checkbox"/> have been communicated by the International Bureau.  |   |   |
| c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired.  |   |   |
| d. <input checked="" type="checkbox"/> have not been made and will not be made.  |   |   |
| 8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371 (c)(3)).   |   |   |
| 9. <input type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371 (c)(4)).  |   |   |
| 10. <input type="checkbox"/> An English language translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371 (c)(5)).                   |   |   |
| <b>Items 11 to 20 below concern document(s) or information included:</b>   |   |   |
| 11. <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98.  |   |   |
| 12. <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.   |   |   |
| 13. <input checked="" type="checkbox"/> A preliminary amendment.   |   |   |
| 14. <input checked="" type="checkbox"/> An Application Data Sheet under 37 CFR 1.76.   |   |   |
| 15. <input type="checkbox"/> A substitute specification.   |   |   |
| 16. <input type="checkbox"/> A power of attorney and/or change of address letter.  |   |   |
| 17. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821 - 1.825.  |   |   |
| 18. <input type="checkbox"/> A second copy of the published International Application under 35 U.S.C. 154(d)(4).   |   |   |
| 19. <input type="checkbox"/> A second copy of the English language translation of the International Application under 35 U.S.C. 154(d)(4).   |   |   |
| 20. <input checked="" type="checkbox"/> Other items or information: PCT/IPEA/409; PCT/ISA/210; Ten (10) sheets of Formal Drawings  |   |   |

USE IN LIEU OF PTO-1390 (Rev. 10-2004)  
Reflects USPTO filing fees in effect from 12/\_\_\_/04

| U.S. APPLICATION NO. (if known, see 37 CFR 1.5)<br><b>10/517450</b>   |  | INTERNATIONAL APPLICATION NO.<br>PCT/JP2003/006682 |  | ATTORNEY'S DOCKET NUMBER<br>4614-0160PUS1  |              |              |        |             |              |         |   |        |         |                    |       |   |       |           |   |  |  |  |           |                                      |  |  |  |             |  |  |  |  |    |                   |  |  |  |             |  |  |  |  |    |                             |  |  |  |             |   |  |  |  |         |                              |  |  |  |             |  |  |  |  |                        |    |  |  |  |  |                       |    |
|---|--|--|--|--|--------------|--------------|--------|-------------|--------------|---------|---|--------|---------|--------------------|-------|---|-------|-----------|---|--|--|--|-----------|--------------------------------------|--|--|--|-------------|--|--|--|--|----|-------------------|--|--|--|-------------|--|--|--|--|----|-----------------------------|--|--|--|-------------|---|--|--|--|---------|------------------------------|--|--|--|-------------|--|--|--|--|------------------------|----|--|--|--|--|-----------------------|----|
| 21. <input checked="" type="checkbox"/> The following fees are submitted:   |  |  |  | <b>CALCULATIONS</b> PTO USE ONLY   |              |              |        |             |              |         |   |        |         |                    |       |   |       |           |   |  |  |  |           |                                      |  |  |  |             |  |  |  |  |    |                   |  |  |  |             |  |  |  |  |    |                             |  |  |  |             |   |  |  |  |         |                              |  |  |  |             |  |  |  |  |                        |    |  |  |  |  |                       |    |
| <b>BASIC NATIONAL FEE</b><br><br>Filing Fee<br>Search Fee<br>Examination Fee<br>Application Size Fee, each additional 50 sheets over 100 sheets<br><br><b>TOTAL FILING FEE =</b><br><br>Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492 (e)).<br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">CLAIMS</th> <th style="width: 20%;">NUMBER FILED</th> <th style="width: 20%;">NUMBER EXTRA</th> <th style="width: 20%;">RATE</th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr> <td>Total claims</td> <td>14-20 =</td> <td>0</td> <td>x 0.00</td> <td>\$ 0.00</td> </tr> <tr> <td>Independent claims</td> <td>4-3 =</td> <td>1</td> <td>x 200</td> <td>\$ 200.00</td> </tr> <tr> <td colspan="4">MULTIPLE DEPENDENT CLAIM(s) (if applicable)</td> <td>\$ 360.00</td> </tr> <tr> <td colspan="4"><b>TOTAL OF ABOVE CALCULATIONS =</b></td> <td>\$ 1,690.00</td> </tr> <tr> <td colspan="4"> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.               </td> <td>\$</td> </tr> <tr> <td colspan="4"><b>SUBTOTAL =</b></td> <td>\$ 1,690.00</td> </tr> <tr> <td colspan="4">Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492 (f)).</td> <td>\$</td> </tr> <tr> <td colspan="4"><b>TOTAL NATIONAL FEE =</b></td> <td>\$ 1,690.00</td> </tr> <tr> <td colspan="4">Fee for recording the enclosed assignment (37 CFR 1.21 (h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property +</td> <td>\$ 0.00</td> </tr> <tr> <td colspan="4"><b>TOTAL FEES ENCLOSED =</b></td> <td>\$ 1,690.00</td> </tr> <tr> <td colspan="4"></td> <td style="text-align: center;">Amount to be refunded:</td> <td>\$</td> </tr> <tr> <td colspan="4"></td> <td style="text-align: center;">Amount to be charged:</td> <td>\$</td> </tr> </tbody> </table> |  |  |  | CLAIMS   | NUMBER FILED | NUMBER EXTRA | RATE   |             | Total claims | 14-20 = | 0 | x 0.00 | \$ 0.00 | Independent claims | 4-3 = | 1 | x 200 | \$ 200.00 | MULTIPLE DEPENDENT CLAIM(s) (if applicable) |  |  |  | \$ 360.00 | <b>TOTAL OF ABOVE CALCULATIONS =</b> |  |  |  | \$ 1,690.00 | <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2. |  |  |  | \$ | <b>SUBTOTAL =</b> |  |  |  | \$ 1,690.00 | Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492 (f)). |  |  |  | \$ | <b>TOTAL NATIONAL FEE =</b> |  |  |  | \$ 1,690.00 | Fee for recording the enclosed assignment (37 CFR 1.21 (h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property + |  |  |  | \$ 0.00 | <b>TOTAL FEES ENCLOSED =</b> |  |  |  | \$ 1,690.00 |  |  |  |  | Amount to be refunded: | \$ |  |  |  |  | Amount to be charged: | \$ |
|   |  |  |  | CLAIMS   | NUMBER FILED | NUMBER EXTRA | RATE   |             |              |         |   |        |         |                    |       |   |       |           |   |  |  |  |           |                                      |  |  |  |             |  |  |  |  |    |                   |  |  |  |             |  |  |  |  |    |                             |  |  |  |             |   |  |  |  |         |                              |  |  |  |             |  |  |  |  |                        |    |  |  |  |  |                       |    |
|   |  |  |  | Total claims   | 14-20 =      | 0            | x 0.00 | \$ 0.00     |              |         |   |        |         |                    |       |   |       |           |   |  |  |  |           |                                      |  |  |  |             |  |  |  |  |    |                   |  |  |  |             |  |  |  |  |    |                             |  |  |  |             |   |  |  |  |         |                              |  |  |  |             |  |  |  |  |                        |    |  |  |  |  |                       |    |
|   |  |  |  | Independent claims   | 4-3 =        | 1            | x 200  | \$ 200.00   |              |         |   |        |         |                    |       |   |       |           |   |  |  |  |           |                                      |  |  |  |             |  |  |  |  |    |                   |  |  |  |             |  |  |  |  |    |                             |  |  |  |             |   |  |  |  |         |                              |  |  |  |             |  |  |  |  |                        |    |  |  |  |  |                       |    |
|   |  |  |  | MULTIPLE DEPENDENT CLAIM(s) (if applicable)  |              |              |        | \$ 360.00   |              |         |   |        |         |                    |       |   |       |           |   |  |  |  |           |                                      |  |  |  |             |  |  |  |  |    |                   |  |  |  |             |  |  |  |  |    |                             |  |  |  |             |   |  |  |  |         |                              |  |  |  |             |  |  |  |  |                        |    |  |  |  |  |                       |    |
|   |  |  |  | <b>TOTAL OF ABOVE CALCULATIONS =</b>   |              |              |        | \$ 1,690.00 |              |         |   |        |         |                    |       |   |       |           |   |  |  |  |           |                                      |  |  |  |             |  |  |  |  |    |                   |  |  |  |             |  |  |  |  |    |                             |  |  |  |             |   |  |  |  |         |                              |  |  |  |             |  |  |  |  |                        |    |  |  |  |  |                       |    |
|   |  |  |  | <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.                       |              |              |        | \$          |              |         |   |        |         |                    |       |   |       |           |   |  |  |  |           |                                      |  |  |  |             |  |  |  |  |    |                   |  |  |  |             |  |  |  |  |    |                             |  |  |  |             |   |  |  |  |         |                              |  |  |  |             |  |  |  |  |                        |    |  |  |  |  |                       |    |
|   |  |  |  | <b>SUBTOTAL =</b>  |              |              |        | \$ 1,690.00 |              |         |   |        |         |                    |       |   |       |           |   |  |  |  |           |                                      |  |  |  |             |  |  |  |  |    |                   |  |  |  |             |  |  |  |  |    |                             |  |  |  |             |   |  |  |  |         |                              |  |  |  |             |  |  |  |  |                        |    |  |  |  |  |                       |    |
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|   |  |  |  | <b>TOTAL NATIONAL FEE =</b>  |              |              |        | \$ 1,690.00 |              |         |   |        |         |                    |       |   |       |           |   |  |  |  |           |                                      |  |  |  |             |  |  |  |  |    |                   |  |  |  |             |  |  |  |  |    |                             |  |  |  |             |   |  |  |  |         |                              |  |  |  |             |  |  |  |  |                        |    |  |  |  |  |                       |    |
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| <b>TOTAL FEES ENCLOSED =</b>  |  |  |  | \$ 1,690.00  |              |              |        |             |              |         |   |        |         |                    |       |   |       |           |   |  |  |  |           |                                      |  |  |  |             |  |  |  |  |    |                   |  |  |  |             |  |  |  |  |    |                             |  |  |  |             |   |  |  |  |         |                              |  |  |  |             |  |  |  |  |                        |    |  |  |  |  |                       |    |
|   |  |  |  | Amount to be refunded:   | \$           |              |        |             |              |         |   |        |         |                    |       |   |       |           |   |  |  |  |           |                                      |  |  |  |             |  |  |  |  |    |                   |  |  |  |             |  |  |  |  |    |                             |  |  |  |             |   |  |  |  |         |                              |  |  |  |             |  |  |  |  |                        |    |  |  |  |  |                       |    |
|   |  |  |  | Amount to be charged:  | \$           |              |        |             |              |         |   |        |         |                    |       |   |       |           |   |  |  |  |           |                                      |  |  |  |             |  |  |  |  |    |                   |  |  |  |             |  |  |  |  |    |                             |  |  |  |             |   |  |  |  |         |                              |  |  |  |             |  |  |  |  |                        |    |  |  |  |  |                       |    |
| a. <input checked="" type="checkbox"/> A check in the amount of \$ 1,690.00 to cover the above fees is enclosed.  |  |  |  |  |              |              |        |             |              |         |   |        |         |                    |       |   |       |           |   |  |  |  |           |                                      |  |  |  |             |  |  |  |  |    |                   |  |  |  |             |  |  |  |  |    |                             |  |  |  |             |   |  |  |  |         |                              |  |  |  |             |  |  |  |  |                        |    |  |  |  |  |                       |    |
| b. <input type="checkbox"/> Please charge my Deposit Account No. _____ in the amount of \$ _____ to cover the above fees. A duplicate copy of this sheet is enclosed.   |  |  |  |  |              |              |        |             |              |         |   |        |         |                    |       |   |       |           |   |  |  |  |           |                                      |  |  |  |             |  |  |  |  |    |                   |  |  |  |             |  |  |  |  |    |                             |  |  |  |             |   |  |  |  |         |                              |  |  |  |             |  |  |  |  |                        |    |  |  |  |  |                       |    |
| c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 02-2448. A duplicate copy of this sheet is enclosed.   |  |  |  |  |              |              |        |             |              |         |   |        |         |                    |       |   |       |           |   |  |  |  |           |                                      |  |  |  |             |  |  |  |  |    |                   |  |  |  |             |  |  |  |  |    |                             |  |  |  |             |   |  |  |  |         |                              |  |  |  |             |  |  |  |  |                        |    |  |  |  |  |                       |    |
| d. <input type="checkbox"/> Fees are to be charged to a credit card. <b>WARNING:</b> Information on this form may become public. <b>Credit card information should not be included on this form.</b> Provide credit card information and authorization on PTO-2038.   |  |  |  |  |              |              |        |             |              |         |   |        |         |                    |       |   |       |           |   |  |  |  |           |                                      |  |  |  |             |  |  |  |  |    |                   |  |  |  |             |  |  |  |  |    |                             |  |  |  |             |   |  |  |  |         |                              |  |  |  |             |  |  |  |  |                        |    |  |  |  |  |                       |    |
| <b>NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137 (a) or (b)) must be filed and granted to restore the application to pending status.</b>  |  |  |  |  |              |              |        |             |              |         |   |        |         |                    |       |   |       |           |   |  |  |  |           |                                      |  |  |  |             |  |  |  |  |    |                   |  |  |  |             |  |  |  |  |    |                             |  |  |  |             |   |  |  |  |         |                              |  |  |  |             |  |  |  |  |                        |    |  |  |  |  |                       |    |
| SEND ALL CORRESPONDENCE TO:   |  |  |  |  |              |              |        |             |              |         |   |        |         |                    |       |   |       |           |   |  |  |  |           |                                      |  |  |  |             |  |  |  |  |    |                   |  |  |  |             |  |  |  |  |    |                             |  |  |  |             |   |  |  |  |         |                              |  |  |  |             |  |  |  |  |                        |    |  |  |  |  |                       |    |
| <br>SIGNATURE: Leonard R. Svensson<br>NAME: _____<br>CUSTOMER NUMBER: 02292<br>December 9, 2004<br>LRS/CAM/nl<br>REGISTRATION NUMBER: 30,330  |  |  |  |  |              |              |        |             |              |         |   |        |         |                    |       |   |       |           |   |  |  |  |           |                                      |  |  |  |             |  |  |  |  |    |                   |  |  |  |             |  |  |  |  |    |                             |  |  |  |             |   |  |  |  |         |                              |  |  |  |             |  |  |  |  |                        |    |  |  |  |  |                       |    |